

## Request for Video Tape / Billing Statement

Please return this Statement With Paymnet Amount in Shaded Area Below

Date of Request: \_\_\_\_\_

Requested by: \_\_\_\_\_ Phone: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Case Name: \_\_\_\_\_

Case Number: \_\_\_\_\_ Date(s) of Hearing: \_\_\_\_\_

Judge: \_\_\_\_\_ Type of Hearing: \_\_\_\_\_

### **COST:**

\_\_\_\_\_ Video Tapes @ \$15.00 Per Tape = \$ \_\_\_\_\_ Due

Fax to (801) 238-7542 Attn: Bunny Neuenschwander